Mahapurusha Srimanta Sankaradeva Viswavidyalaya (Mssv)
Atuatika, Raidongia Nagaon Assam
Mahapurusha Srimanta Sankaradeva Institute of Nursing

APPLICATION FORM FOR RECRUITMENT OF NURSING FACULTY

Advertisement No.: _____

Date: _____

Post Applied For: _____

Programme: (✓)

☐ B.Sc. Nursing ☐ Post Basic B.Sc. Nursing ☐ GNM ☐ ANM

Specialization: _____

Recent Passport Size Photograph
(Affix self-attested recent passport size photograph)

1. Full Name (in Block Letters): _____

2. Father's/Husband's Name: _____

3. Mother's Name: _____

4. Date of Birth (DD/MM/YYYY): _____

5. Age (as on last date of application): _____ Years _____ Months

6. Gender: ☐ Male ☐ Female ☐ Other

7. Nationality: _____

8. Category: ☐ UR ☐ OBC ☐ MOBC ☐ SC ☐ ST(P) ☐ ST(H) ☐ EWS ☐ PwBD

9. Marital Status: _____

10. Aadhaar No. (Optional): _____

11. PAN No.: _____

12. Nursing Council Registration No. (RN & RM): _____

13. Name of State Nursing Council: _____

14. Valid up to: _____

15. Correspondence Address: _____

_____

District _____ State _____

PIN _____

16. permanent Address: _____

_____

District _____ State _____

PIN _____

Mobile No.: _____

Alternate Mobile: _____

Email ID: _____

EDUCATIONAL QUALIFICATIONS

Examination	Board/University	Institution	Year	Percentage/CGPA	Division/Class
HSLC/10th					
HS/12th					
Diploma (GNM/ANM)					
B.Sc. Nursing					
Post Basic B.Sc. Nursing					
M.Sc. Nursing					
Ph.D. (if any)					
Others					

PROFESSIONAL DETAILS
Nursing Specialization (Please tick)

☐ Medical Surgical Nursing

☐ Community Health Nursing

☐ Child Health (Paediatric) Nursing

☐ Obstetrics & Gynaecological Nursing

☐ Mental Health (Psychiatric) Nursing

☐ Nursing Foundation

☐ Nursing Education

☐ Nursing Administration

☐ Others _____

EXPERIENCE DETAILS
Teaching Experience

Name of Institution	Designation	From	To	Total Experience

Total Teaching Experience: _____ Years _____ Months

Clinical Experience (if any)

Name of Institution	Designation	From	To	Total Experience

Total Clinical Experience: _____ Years _____ Month

ADMINISTRATIVE EXPERIENCE (If Any)

Institution	Position Held	Duration

RESEARCH & PUBLICATIONS

Number of Research Publications

National Journals : _____

International Journals : _____

Books Published : _____

Book Chapters : _____

Research Projects : _____

Seminars/Workshops/Conferences Attended : _____

Patents (if any): _____

AWARDS & ACHIEVEMENTS

_____

_____

_____

PART-IX : DETAILS OF DOCUMENTS ENCLOSED

(Please tick)

☐ HSLC Certificate
☐ HS Certificate
☐ Diploma Certificate
☐ B.Sc. Nursing Certificate
☐ Post Basic B.Sc. Nursing Certificate
☐ M.Sc. Nursing Certificate
☐ Ph.D. Certificate
☐ Nursing Council Registration Certificate
☐ Experience Certificate
☐ Caste Certificate
☐ EWS Certificate
☐ PwBD Certificate
☐ NOC from Employer
☐ Publications
☐ Experience Proof
☐ Identity Proof
☐ Passport Size Photographs
☐ Any Other _____

DECLARATION

I hereby declare that all the information furnished in this application is true, complete and correct to the best of my knowledge and belief. I understand that if any information is found to be false or incorrect at any stage, my candidature/appointment shall be liable to be cancelled without assigning any reason.

I further declare that I have read the advertisement carefully and satisfy myself regarding the eligibility conditions prescribed for the post.

Place: _____

Date: _____

Signature of the Applicant

(Name: _____)

FOR OFFICE USE ONLY

Application No.: _____

Eligible / Not Eligible

Remarks:

_____

Verified By: _____

Signature: _____

Date: _____